

PTO/SB/01 (03-01)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Numbe	r			
		First Named Inventor	JOHN Blouin			
		COMPLETE IF KNOWN				
		Application Number				
Declaration Submitted with Initial Filing	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date				
		Group Art Unit				
		Examiner Name				

Filing		required)	Examiner Name	е							
As a below named in	As a below named inventor, I hereby declare that:										
My residence, mailing	My residence, mailing address, and citizenship are as stated below next to my name.										
believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
JOHN. Payl Bloyin. Sole Inventor. 17041 70 St. North Lokahatchee Fl. 33470											
17041	705	t. North	-								
Lotah	atchee	F1. 33474	2								
The Cypress Project.											
	(Title of the Invention)										
the specification of wh	ich										
is attached hereto											
OR	Г										
was filed on (MM	(YYYYYDD/YYYY)		as United St	ates Application I	Number or PCT In	temational					
	L										
Application Number		and was a	mended on (MM/DD/YY	YY)		(if applicable).					
<u></u>											
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
I acknowledge the duty	y to disclose in	nformation which is ma	nterial to patentability as	defined in 37 CFI	R 1.56, including for	or continuation-					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.											
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Applic	cation	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	y Attached? NO					
			(11111111111111111111111111111111111111								
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Additional foreign	application nu	mhere are listed on a	supplemental priority dat	ta choot DTO/SB	/02B attached her	oto:					

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Numbor Bar Code Lab	1		OR C	rrespondence address below			
Name JOHN Blouin							
Address 17041 70 St. NOCHS.							
city LOX abatchee		State	Fh.	ZIP 33470			
	ephone 954-	- 8フ	8-4432	Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor							
Given Name JOHN. Payl Blouin. (first and middle [if any])			Family Name JOHN Pawl. Davis.				
Inventor's Signature Date 10-8/01							
Residence: City LOX464 tchee.	State F	•	AMERICA . Country	765. Citizenship			
Mailing Address 17041 70 St. NOCth.							
city Loxanatchee	State F1,		zip 33470	Country AMENILA.			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			y Name mame	****			
Inventor's Signature							
Residence: City	State	C	ountry	Citizenship			
Mailing Address							
City	State	z	űP	Country			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							